



CANDIDATE PUBLIC INFORMATION WORKSHEET

County of El Dorado PERMISSION TO POST PERSONAL INFORMATION ON ELECTION DEPARTMENT'S WEBSITE (Government Code §6254.21)

PLEASE PRINT CLEARLY

Candidates Name (How you request to have it appear on Nomination Documents)

Office Sought (Including district, division, or trustee area number if applicable)

PLEASE COMPLETE THIS FORM FULLY. Check mark the boxes for the contact information you would like us to release to the public. *Candidates must release at least one address (with the exception of judges) and one phone number to the public.*

I give permission to post information on the website.

I do not give permission to post information on the website.

(Permission to the El Dorado County Elections Department to post the information listed below on the Department's website at www.edcgov.us/Elections for the Consolidated General Election to be held November 5, 2024).

Residence Street Address (required) City Zip

Mailing Address City Zip

Campaign Address City Zip

_____ _____ _____
Daytime Telephone Number Evening Telephone Number Campaign Telephone Number

_____ _____
Fax Telephone Number Cell Telephone Number

_____ _____
Email Address Website Address

Candidates Signature

Date